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APPLICANTS

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** CONTINUING DATA ****

This application is a CON of 10/199,222 07/18/2002 PAT 6,869,610
which is a CON of 09/550,371 04/14/2000 PAT 6,464,986 CMK

** FOREIGN APPLICATIONS ****

CMK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/22/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	DRAWING 2	CLAIMS 11	CLAIMS 3
Verified and Acknowledged	CMK Initials				

ADDRESS

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TITLE

Pain treatment by peripheral administration of a neurotoxin

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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